Department of Labor of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

and the second s	
1. File Number U - 4098	2. Fiscal Year Covered From:
	I/I/04 Through: 12/31/04
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Robertu M Hedemark	Name Communications Workers of America 1201
	Labor Organization File Number 000 188
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite 6
Street 3601 12th Ave 5	Street 235 E Roselawn Ave
City Minneapolis	city St. Paul
State Minnesota ZIP Code + 4 55 40 7	State Minnesola ZIP Code + 4 SSII7-1949
5. Position in labor organization. Assistant Vice preside	int - Communications Workers of America 1201
Enter appropriate data below if, during the past fiscal year, you or your spor	
(except as specified in the exclu	see or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or omenatory value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Awest Communications	Communications Workers & AWEST Communications Small Quesiness Corroup.
Trade Name, if any:	12-6-2004 thru 12-1-2004
P.O. Box, Bldg., Room No., if any	O Add A fragment and the Control of
Street 1801 California	o Airfave Minneupolis to Denver Denver to Minneapolis = 218.00
City Benver	Control Contro
State Colerado ZIP Code + 4 807102 - 7638	
Signature	
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompanying undersigned's knowledge and belief, true, correct, and complete. (See the section)	ng documents), has been examined by the signatory and is, to the best of the
Signed Pobulen Hidenar	On 8/11/05 651-774-7201 Date Telephone Number
	Date Telephone Number
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